# Farmer's Lung

## Hypersensitivity Pneumonitis
## Teacher Fact Sheet

(See student reference sheet)

- Basically, farmers are at risk for two kinds of respiratory hazards:
  - gases: nitrous oxide from silos and diesels. CO, $NH_3$, $H_2S$ (animal wastes), fungicides, insecticides, and pesticides.
  - dusts: plants, grains, molds, chopping, bedding, livestock operations, confinement facilities.

- Out of every 1000 farmers in the northern and midwestern states of the U.S., two to seven will develop the disease (DoPico, 1992).

- The chronic form affects less than 5% of farmers who develop the disease. These farmers develop emphysema and have permanent lung damage, weight loss, and cough.

- Farmers tend to die 8 years after diagnosis. Average age at diagnosis is 52.

- Of those diagnosed, 54% are women (Kokkarinen, et al., 1994).

- Smoking can act synergistically with the disease.

  Of 10 farmers who smoke, 7 are likely to develop symptoms of Farmer's Lung.
  Of 10 non-smoking farmers, 3 are likely to develop symptoms of Farmer's Lung.
  Farmers who smoke and develop the disease have a 20% greater likelihood of dying from the disease than non-smoking farmers.

- In chronic cases, 55 out of every 100 farmers are forced to quit farming (Bouchard, et.al.,1995).

- Diagnosis:
  Tests include chest X-rays, pulmonary function tests and antibody panels for hypersensitivity pneumonitis. These are very expensive tests. Chest X-rays will show the scarring of the lung tissue due to the damaged air sacs.

- At least 6.5 million farm workers and those who process, handle, transport, and service farm products are at risk for exposure to agents that can cause allergic lung diseases (www.alphanutrition.com/asthma/agriculture.htm).